



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

3012 Mail Service Center • Raleigh, North Carolina 27699-3012

Tel 919-881-2446 • Fax 919-508-0968

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

XXXXXX, 2007

MEMORANDUM

TO: DWI SERVICE PROVIDERS

FROM: Jim Jarrard, Accountability team Leader
DMH/DD/SAS, Resource & Regulatory Management Section

Subject: 2007 DWI Facility Programmatic Review

Between March 6, 2007 and October 31, 2007, the NC Division of MH/DD/SAS will conduct Programmatic Reviews of DWI Service Providers. Services will include Alcohol Drug Education Traffic School (ADETS) and Short-term Outpatient Treatment (ST-O), Longer-term Outpatient Treatment (LT-O), Day Treatment/Intensive Outpatient Treatment (IOP), Inpatient and Residential Treatment (I-Res), and Special Care Plan (SPC).

Please keep this letter throughout the audit/review process for reference purposes.

**Note: All documents required for preparation of this review are posted on the
DMH/DD/SAS website:**

<http://www.ncdhhs.gov/mhddsas/audits/index.htm>

Review Process:

1. A random sample of client records will be drawn from October 1, 2006 through the date of the review. Service records reviewed must have required documentation from October 1, 2006 forward.
2. On the date of the review, client list, service records and supporting documentation must be located at the review site.
3. Thirty days before your programmatic review you will be mailed the review packet which includes the assessment and treatment tools along with instructions.
4. If you provided Assessments only on October 1, 2006 forward, your audit will consist of a review of ten (10) Assessment records.
5. If you provided Treatment only on October 1, 2006 forward, your audit will consist of a review of ten (10) service records.
6. If you provided both Assessment and Treatment on October 1, 2006 forward, your review will consist of a review of ten (10) Assessment and ten (10) Treatment records.
7. Documentation required for on-site review includes:
 - DWI Certificates of Completion (DMH 508-R or e508)
 - Provider Justice Systems Innovation Authorization Number



- Treatment/Service Plans
- Service Documentation
- Staff Qualifications
- Proof of Fees Paid (authorization, reauthorization, ADETS)

Review Schedule:

Each Driving While Impaired facility in North Carolina shall be reviewed. Assurance Unit staff will attempt to complete all events, and review the random sample of client records within **one day**. Facility reviews will be conducted on Monday through Friday. Most facilities will be reviewed on Tuesday, Wednesday, or Thursday.

On the date listed below your facility is scheduled for a Driving While Impaired Service Provider programmatic review.

Facility Name/Program Code: Review Date:

One week prior to your review, the Assurance Unit staff assigned to your facility review will contact you by telephone to confirm date, time and place. If you are not contacted prior to the date of your review, please contact the Assurance Unit office in Raleigh at 919-420-7924.

Technical Assistance:

An exit interview will be conducted at the end of each facility assessment and/or treatment review. During the exit summary the reviewer will provide an overview of the facility's strengths and identify any areas of service where technical assistance might enhance program development. The reviewer will leave with the provider a copy of forms that were completed during the review. The results of each facility programmatic review shall be submitted to the Justice Systems Innovation Team. Questions about the technical assistance process should be directed to the Office of DWI Services at 919-733-0566.

If you are not a DWI Service Provider or have questions concerning this information or other concerns related to the upcoming 2006/2007 DWI Programmatic Review, please contact:

Maxine Terry
maxine.terry@ncmail.net
(919) 881-2446 / voice
(919) 218-2115 / cell

OR

John Wheeler
john.wheeler@ncmail.net
(336) 896-7952 / voice
(336) 312-1457 / cell

All written inquiries should be mailed to: Division of MH/DD/SAS, Accountability Team-Assurance Unit, 3012 Mail Service Center, Raleigh, NC 27699-3012

We look forward to a successful review.

Attachments: Review Tools, Review Instructions and Technical Assistance Form

CC: DMH/DD/SAS Executive Leadership Team (ELT)
Bill Harris, Assurance Unit Lead
Lynn B. Jones, DWI Services Program Manager

